



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2021  
Non-Profit Corporation

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

RECEIVED  
R.I. DEPT. OF STATE  
BUS SVCS DIV

STAMP

2021 JUL 23 P 1:45

1. Entity ID Number <b>000083611</b>		2. Exact name of the Corporation <b>Voice of one crying in the wilderness</b>	
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>Cristian organization</b>	
4. NAICS Code <b>831110</b>			
6. Principal Office Address <b>P.O. BOX 73128 PROV. RI 02907</b>		City <b>Woonsocket</b>	State <b>RI</b>
		Zip <b>02895</b>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment: <input type="checkbox"/></span>			
President Name <b>Nelly De la Cruz</b>		Vice-President Name <b>Yeny Breton</b>	
Street Address <b>115 SIX AVE</b>		Street Address <b>632 River St</b>	
City <b>Woonsocket</b>	State <b>RI</b>	City <b>Woonsocket</b>	State <b>RI</b>
Zip <b>02895</b>		Zip <b>02895</b>	
Secretary Name <b>JUAN De la Cruz</b>		Treasurer Name <b>DEISY Fernandez</b>	
Street Address <b>632 RIVER ST</b>		Street Address <b>138 Backlor St</b>	
City <b>Woonsocket</b>	State <b>RI</b>	City <b>PROVIDENCE</b>	State <b>RI</b>
Zip <b>02895</b>		Zip <b>02907</b>	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment: <input type="checkbox"/></span>			
Director Name <b>Dulce M Gonzalez</b>		Director Name <b>ANA MARTINEZ</b>	
Street Address <b>327 Wood St</b>		Street Address <b>514 Broad St</b>	
City <b>PROVIDENCE</b>	State <b>RI</b>	City <b>PROVIDENCE</b>	State <b>RI</b>
Zip <b>02907</b>		Zip <b>02907</b>	
Director Name <b>Ector Martinez</b>		Director Name <b>Narsisa de la Cruz</b>	
Street Address <b>115 SIX AVE</b>		Street Address <b>632 RIVER ST</b>	
City <b>Woonsocket</b>	State <b>RI</b>	City <b>Woonsocket</b>	State <b>RI</b>
Zip <b>02895</b>		Zip <b>02895</b>	
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.			
<b>Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.</b>			
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>			
Name of Officer/Authorized Representative <b>Nelly De la Cruz</b>			Date <b>7/23/21</b>
Signature of Officer/Authorized Representative <b>Nelly de la Cruz</b>			

FILED

JUL 23 2021

BY CA RAIH8

1:45